EXHIBIT C

FORM B10 (Official Form 10) (10/05)

Livers Contract On							
UNITED STATES BAT	PROOF OF CLAIM						
Transfer of the contract of th			ase Number 6-10725LBR				
NOTE This form should of the case A "request							
Name of Creditor (The p debtor owes money or pr	erson or other entity to whom the operty)						
X-Factor Inc		gıv	ur claim Attach copy of statement ring particulars teck box if you have never received any				
Name and address where c/o Scott D Fleming Es	9	tices from the bankruptcy court in this					
Hale Lane Peek Denniso 3930 Howard Hughes Pa Las Vegas Nevada 8916	rkway 4th Floor	ad	neck box if the address differs from the dress on the envelope sent to you by a court				
Telephone number 702		Charl		THIS SPACE IS FOR COURT USE ONLY			
Last four digits of account or other number by which creditor identifies debtor Account ID 176			- - •	viously filed claim, dated			
1 Basis for Claim Goods sold Services perform Money loaned Personal mjury/v Taxes		ettree benefits as defined in 11 U S C § 1 'ages salaries and compensations (fill out ast four digits of SS # npaid compensations for services perform to (date) (date)	ut below)				
2 Date debt was incur	red See Attachment A	3 If	court judgment, date obtained				
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations Unsecured Nonpriority Claim \$ Unknown (see Attachment A) a) Check this box if a) there is no collateral or lien securing your claim, or b) Your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral							
Unsecured Priority Claim			Real Estate Motor Vehicle Other				
Check this box it you have an unsecured claim all or part of which is entitled to priority			Value of Collateral \$				
Amount entitled to priori	ty		secured claim if any \$				
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)			☐ Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use — 11 U S C § 507(a)(7)				
1_	commissions (un to \$10,000) * eamed within	180	☐ Taxes or penalties owed to governmental units 11 USC § 507(a)(8)				
Wages salaries or commissions (up to \$10 000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtors business whichever is earlier — 11 U S C § 507(a)(4)			*Amounts are subject to adjustment of 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment				
Contributions to an	employee benefit plan — 11 USC § 507(a)(5)					
5 Total Amount of Claim at Time Case Filed \$ Unknown (unsecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all							
Interest or additional charges							
making this proof of 7 Supporting Docume	ents Attach copies of supporting documents	such a	s promissory notes purchase	THIS SPACE IS FOR COURT USE ONLY			
orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of hen DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary 8 Date Stamped Copy. To receive an acknowledgement of the filing of your claim enclose a stamped self.							
addressed envelope and copy of this proof of claim							
Date Sign and print the name and title it any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) USA CMC							
November 9 2006 /s/ Scott D Fleming Esq							

FORM B10 (Official Form 10) (10/05)

The Die Company of the Control of th	
United States Bankrupicy Court District of Nevada	PROOF OF CLAIM
Name of Debtor Case Number	
USA Commercial Mortgage Company 06-10725-L	BR
NOTE This form should not be used to make a claim for an administrative expense arising after the commence of the case. A request for payment of an administrative expense may be filed pursuant to 11 USC \$ 503	ement
Name of Creditor (The person or other entity to whom the debtor owes money or property) Check box if you are aware that any debtor owes money or property) else has filed a proof of claim relati	
Pak and Trustee of your claim Attach copy of statement	
the Robert JYODER Defined Benefit To Challen the	ed any
Name and address where notices should be sent Robert Type OEA Case	
12201 Prosset. Dum Rd. Check box if the address differs from	m the
Tru kee 4 address on the envelope sent to you	
Last four digits of account or other number by which creditor Check here replaces	
	usly filed claim dated
1 Basis for Claim Retiree benefits as defin	ned in 11 USC § 1114(a)
I sat from the sate of the	mpensation (fill out below)
Services performed Money loaned Last four digits of your Unpaid compensation f	
Personal injury/wrongful death from	"
Other See Exhibit A (date)	(date)
2 Date debt was incurred / 3 If court judgment, date of	otained
4/18/05	
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the a See reverse side for important explanations	amount of the claim at the time case filed
Unsecured Nonpriority Claim \$ Line 4 of Ex A Secured Claim	
Check this box if a) there is no collateral or lien securing your claim or a right of setoff) Check this box if your claim exceeds the value of the property securing it or if c) none or	claim is secured by collateral (including
b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Brief Description of C	
Briedbescription of C	Motor Vehicle Other
Value of Colleteral	\$ Unknown
Check this box if you have an unsecured claim all or part of which is entitled to priority Amount of arrearage and oth	ner charges at time case filed included in
Amount entitled to priority \$ secured claim if any \$	INE 2 OF EXA
	ard purchase lease or rental of property
Domestic support obligations under 11 U S C § 507(a)(1)(A) or \$ 507(a)(7)	y or household use - 11 USC
Taxes or penalties owed to go	vernmental units - 11 USC § 507(a)(8)
Wages salaries, or commissions (up to \$10 000),* earned within 180 Other Specify applicable particularly business whichever is earlier 11 U S C § 507(a)(4) *Amounts are subject to adjustmen	agraph of 11 U S C § 507(a)()
The state of the s	t on 4/1/07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 0 S C 4 307(8)(3)	ed on or after the date of adjustment
5 Total Amount of Claim at Time Case Filed \$ Ln 4 Ex A Ln 4 E	
Check this box if claim includes interest or other charges in addition to the principal amount of the claim interest or additional charges	(priority) (Total) Attach itemized statement of all
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of	THIS SLACE IS FOR COURT USE ONLY
making this proof of claim Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase	
orders invoices itemized statements of running accounts, contracts, court judgments, mortgages, security	FILED JAN 11
agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the	3 0 000
documents are not available explain if the documents are voluminous attach a summary	
B Date Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped self addressed envelope and copy of this proof of claim	-
Date Sign and print the name and title if any, of the creditor or other person authorized to	
file this claim (attach copy of power of attorney, if any)	USA CMC
8,2007 Myrdy Trustee	

UNDED S	Official Form 10) (10/05) States Bankrupicy Court	Dis	RKT (or Nevada	
Name of Del		T -			PROOF OF CLAIM
	Compressing Mortgage Co		lumber	14725 - LBR	
	torm should not be used to make a claim for an administra				
	A 'request" for payment of an administrative expense may				
	editor (The person or other entity to whom the			you are aware that anyone	
lebtor ow s	money or property). CARLL AZ 41/1-1			a proof of claim relating to Attach copy of statement	
15786	money or property). CARLLAZATIVALIA 6 2- AGOLIK & CARLLAZATIVALIA - NYEKL > LLINK + SE # 2 53335	your claim Attach copy of statement giving particulars		ulars	
Name and a	address where notices should be sent			you have never received any the bankruptey court in this	
1221.6	L Zappella	Chec		the address differs from the	
Telephone n	Con MYER LV, ELMIRASE MZ - 1 853333	addr		ne envelope sent to you by	THIS SPACE IS FOR COURT US ON:
Last four 🕫	gits of account or other number by which creditor		k here	replaces	
dentifies d b	btor	if thi	e ciatu	amends a previously fi	led claim, dated
l. Bas	for Clams			euree benefits as defined in	
	Goods sold			Vages salaries, and compen ast four digits of your SS #	sation (fill out below)
	Services performed Money loaned			Inpaid compensation for se	
	Personal mgury/wrongful death			rom	-
	Taxes See Exhibit A		-	(date)	(date)
		13.	FC 041	ert judgment, date obtain	
2. Date	debt was incurred VAIRCUS		as Color	er langment over oneste	74
Sec rever Unsecuted	ation of Claim. Check the appropriate box or boxes that se side for important explanations. Nonpriority Claim 5 764812.74 It thus box if a) there is no collateral or lien securing your		Secu	red Claim Check this box if your claim	a is secured by collateral (including
b) your cla	it makes in a partie is an commentation near securing your im exceeds the value of the property securing n. or if c) no 'your claim is entitled to priority	CAZRIE, OF	a rig	or of scioff) Brief Description of Collars	wal
i incorrend	Priority Claim			Real Estate Moto	
	this box if you have an unsecured claim, all or part of wh	wh.e			Krewy
emilited to 1	recordy	18641 50	Amo	unt of arrearage and other ched claim, if any \$ 10	arges <u>at time case filed</u> included in
Amount cut	t tled to priority 5		-	co ciain, it duj 🎍 🛌	
,	n only of the claim. A is support obligations under 11 U.S.C. § 507(a)(1)(A) or			ces for personal, family or	orchase, lease, or rental of proper household use - I1 U.S.C.
a)(1)(B)		П			ental units - 11 U.S.C. § 507(a)(8
Wages says before	alarses or commissions (up to \$10,000),* earwed within fling of the bankruptcy petition or cessation of the debtor in chever is earlier - 11 U S C § 507(a)(4)	r's 🔲	Other -	Specify applicable paragrag	h of USC \$ 507(a)()
	n chever is earner - 11 USC § 507(a)(4) ibutions to an employee benefit plan - 11 USC § 507(a)(1/1/07 and every 3 years thereafte v or after the date of adjustment.
	amount of Claim at Time Case Filed.	<u>\$</u>	704	812 14 704.812 74	704.812
Check t	this box if claim includes interest or other charges in addit	tion to th	(urnect		(priority) (Total) ach itemized statement of all
interest 6. Credits	tor additional charges. The amount of all payments on this claim has been o	waylsted -	not deal	colored from the assume as a f	77
	this proof of claim.	rounts (inu upun	men on our bushose or	THIS SPACE IS HOR COURT USE ONE.
7 Suppor	rting Documents: Attach copies of supporting documen	us, such	s prom	issory notes, purchase	ST 11 proper
and the second second	nvoices itemized statements of running accounts, contrac	ts count j	udgmei IAL D(nts, mortgages, security CUMENTS If the	FILED JAN 11 21
agreeme	ents, and evidence of perfection of Item DO NOT SEND				
agreemen documen 8. Date-St	nt: are not available, explain If the documents are volum tamped Copy: To receive an acknowledgment of the film	unous att			USA CMC
agreemen documents. Date-Se addresse	nt: are not available, explain If the documents are volum taimped Copy: To receive an acknowledgment of the film id suvelope and copy of this proof of claim.	inous att	r claim	enclose a stamped, self-	USA CMC
agreemen documen 8. Date-St	nt: are not available, explain If the documents are volum tamped Copy: To receive an acknowledgment of the film	inous att	r claim or other):	enclose a stamped, self-	USA CMC 1072502040

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT DISTRICT OF Nevada					PROOF OF CLAIM
Name of Debtor Case Number					THOO! OF OLIVIN
USA COMMERCIAL MOTGAGE COMPANY 06-10725-LBR					
NOTE This form should not be used to make a claim for an adminis					
of the case. A request for payment of an administrative expense ma	y be filed	pursuant t	to 11	USC § 503	
Name of Creditor (The person or other entity to whom the				re aware that anyone	
debtor owes money or property)				of of claim relating to	
your claim Attach copy of statement giving particulars					
Norm and address where not are should be cost					
ANTIGUT TERRA	not case	ices from t e	the ba		
780 SAFATOGA AUC. HOH S-107	Che	ck box if			
Telephone number 4 95129 44-4662	ı	ress on the	e enve	lope sent to you by	THIS STACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor			fer	places/0/20/06,10	123/06,10/24/06,1,02,07
identifies debtor	ıftl	ns claim	an	nends a previously f	iled claim dated
1 Basis for Claim	 	Re	tiree	benefits as defined in	111 USC § 1114(a)
Goods sold					sation (fill out below)
Services performed				ir digits of your SS # compensation for se	
Money loaned Personal injury/wrongful death			-	compensation for se	-
Taxes Seeps hihit H"		HC)III	(date)	to(date)
Other	12				
2 Date debt was incurred APRIL 2004	3	If cour	rt Jud	gment, date obtain	ed
4 Classification of Claim Check the appropriate box or boxes th	at best de	scribe you	r clau	n and state the amou	nt of the claim at the time case filed
See reverse side for important explanations		Secur			
Unsecured Nonpriority Claim \$ 878,833.25		I III	Check	this box if your clain	is secured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c)	r claim of	a right	of se	toff)	is accorded by containing (metaloning
only part of your claim is entitled to priority	none or	1	Brief J	Description of Collate	eral
					r Vehicle , Other
				LNKNOWN	
entitled to priority Amount of arrearage and other charge				arges at time case filed included in	
Amount entitled to priority \$		secure	d clai	m If any \$ 12,	<u>59/ • 4</u> 8
Specify the priority of the claim		Up to \$2	,225*	of deposits toward p	urchase lease or rental of property
Domestic support obligations under 11 U S C \ 507(a)(1)(A) of	or	or servic § 507(a)		personal family or	household use 11 USC
(a)(1)(B)	П	- , ,	• •	ties owed to governn	nental units - 11 U S C § 507(a)(8)
Wages salaries or commissions (up to \$10 000) * earned with	n 180		•	_	oh of 11 USC § 507(a)()
days before filing of the bankruptcy petition or cessation of the debt business whichever is earlier 11 USC \$ 507(a)(4)			•		4/1/07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 USC § 507(a					or after the date of adjustment
5 Total Amount of Claim at Time Case Filed	\$	8788	35.	25 878,853,	
Check this box if claim includes interest or other charges in additional charges	dition to th	unsécun) ne principa		(secured) ount of the claim Att	(Priority) (Total) ach itemized statement of all
6 Credits The amount of all payments on this claim has beer	credited	and deduc	ted fo	or the nurnose of	Turk Space is LOD Covery Hor Cover
making this proof of claim	J. 401104			parpose or	THIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting documents such as promissory notes purchase					
orders invoices itemized statements of running accounts contri					
agreements and evidence of perfection of lien DO NOT SEN documents are not available, explain If the documents are volu-					
documents are not available explain. If the documents are voluminous attach a summary 8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim enclose a stamped self-					CO 10N 1 0 2007
addressed envelope and copy of this proof of claim					ED JAN 1 0 2007
Date Sign and print the name and title if any of the creditor or other person authorized to					
The this claim fattach copy of power of atto		y)			
ANTHONY J. ZERBO	-				USA CMC
Penalty for presenting fraudulent claim. Fine of up to \$500,000 po	· Imates	mont for			1072501952
(at pre-receive transporter CRANE TIDE OF BUT IN A MATERIAL M					